2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 20, 2000 8:00 am Secretary of State DOCUMENT # P99000102240 A MILLENNIUM HEALTH CARE NETWORK, INC. 07-20-2000 90010 042 ***150.00 Principal Place of Business Mailing Address 1857 WEST OAKLAND PARK BOULEVARD 1857 WEST OAKLAND PARK BOULEVARD FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See'criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change Addition ☐ Delete NAME SANON, EUNIDE NAME STREET ADDRESS STREET ADDRESS 1857 WEST OAKLAND PARK BOULEVARD CITY-ST-ZIP CITY+ST-ZIP FORT LAUDERDALE FL 33311 Delete TITLE: TITLE Change ☐ Addition NAME PERICLES, GERALD NAME STREET ADDRESS STREET ADDRESS 1857 West Oakland Park Boulevard CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 जार्रह^{िट} TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered

ATTACHMENT P99000102240 POOG 24 21

Millennium Health Care Network 601 W. Oakland Park Blvd Ft Lauderdale Fl 33311

Phone: (954) 630-3350

To Florida Department Of State P.O. Box. 6327 Tallahassee, Florida 32314

This letter is intended to let you know that we did not receive the first notice regarding Uniform Business Report Filings as a result of possible non delivery of mail. Our office has moved from 1857 W. Oakland Park Blvd Ft Lauderdale Fl 33311. To 601 W. Oakland Park Blvd. Ft Lauderdale Fl. 33311, Suite F18. Phone: (954) 630-3350 Fax: (954) 630-2330. Thank you for your cooperation & understanding.

Sincerely, Eunide Sanon,

-

.

Ì